

## VERIFICATION OF PROGRAM COMPLETION

**For submission by anyone who has completed a college/university teacher preparation program.**

Complete Section A of this form. Send it to the education department of the college/university where you completed your *teacher preparation and certification program*. This form, when returned to you, is to be sent to the Office of Licensure and Credentials at the address on the bottom of Page 2. Only the original, signed form will be accepted.

**A. To Be Completed by Applicant. Please print all.**

Last Name		First Name		Middle Name/Initial	
Maiden/Former Name			Telephone		
			Daytime		Evening
Street Address					
City		State		Zip	
Social Security Number		Date Of Birth	Month	Day	Year

**B. To Be Completed by College/University**

The above named applicant has requested New Jersey teacher licensure. Please complete information in Section B regarding his applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant completed his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal. RETURN THIS FORM TO THE APPLICANT.

	Circle which applies below
a. Has this applicant completed your state approved teacher education program? Date of program completion:	Yes      No
b. Was the applicant eligible for certification in your state at the completion of his/her teacher preparation program? If no, what were the deficiencies?	Yes      No
c. If student teaching is not identified as "student teaching" on the transcript, how was it satisfied?	
d. Major area and/or grade level in which applicant is recommended to teach:	
e. Applicant's date of matriculation:	

**PLEASE COMPLETE SECTIONS ON NEXT PAGE**

<b>C. Certification</b>		
Name of College/University		
Address		
City	State	Zip

Name of Individual Completing this Form	Telephone	College Seal (This form must bear the college/university seal.)
Printed Name & Title of Authorizing Officer (Chairperson, Education Department/Certification Officer)	Date	
	Signature of Authorizing Officer	

Return address: Once completed, please return this form to the address below.
<p>New Jersey State Department of Education  Office of Licensure and Credentials  P.O. Box 500  Trenton, New Jersey 08625-0500  Attention: Verification of Program Completion</p>